

(1) PLACE OF BIRTH

County of Abbeville.Township of Calhoun.or
Inc. Town of

City of

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41362

Registration District No. 608 Registered No. 102

(For use of Local Registrar)

(2) Full Name of Child Ollie Dunlap

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>M.</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct. 19</u> 191 <u>5</u>
(Name of Month) (Day) (Year)				

FATHER.

(8) FULL NAME Joe Dunlap

(9) PRESENT POSTOFFICE OF FATHER Mt. Carmel, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 56 (Years)

(12) BIRTHPLACE Mt. Carmel, S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 18

MOTHER.

(14) NAME BEFORE MARRIAGE Mary L. McCombs

(15) PRESENT POSTOFFICE OF MOTHER Mt. Carmel, S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 41 (Years)

(18) BIRTHPLACE Mt. Carmel, S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:30 P.M. on the date above stated. (Born alive or stillborn), (Hour A. M. or P. M.)M.B.W. esm
affid. 5/15/43(23) (Signature) Mossie Jenkins

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Mrs. R. J. McAllister
(Signature of Witness necessary only when question 25 is signed by mark)(27) Filed 12-21-1915 (28) D. J. McAllister Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

Carr. of Columbia.